Methods 2,157 consecutive adult patients newly diagnosed with AF while hospitalized or during outpatient visits in 19 hospitals and 30 outpatient cardiology clinics were enrolled in the Jordan AF study from May 2019 to January 2021. Clinical and epidemiological characteristics of H-pts at the time of enrollment were compared to the A-pts.

Results Among the 2,157 pts, 628 (29.1%) of participants were H-pts at the time of enrollment, with the most common cause of hospitalization being due to AF-related morbidity (29.5%). While no statistically significant association was observed with gender, H-pts were slightly older (mean age 69.7±14.1 years vs 67.1±12.4 years, p<0.001), had a higher prevalence of diabetes (52.5% vs 40.7%, p<0.001) and dyslipidemia (51.2% vs 42.0%, p<0.001). Furthermore, they had a higher prevalence of cerebrovascular accident (20.1% vs 13.6%, p=0.001), coronary artery disease (17.4% vs 8.4%, p<0.001), heart failure (31.1% vs 21.4%, p<0.001), and a left ventricular ejection fraction of <40% (16.6% vs 12.8%, p=0.02). H-pts had a significantly less prevalent valvular AF (VAF) in contrast to A-pts (4.4% vs 10.3%, p<0.001). Notably, both the CHA2DS2VASc and HAS-BLED scores were significantly higher in H-pts with a mean of 4.0±1.9 and 2.01±1.2, respectively, compared to mean scores of 3.41±1.7 and 1.51±1.1, respectively, in A-pts (p<0.001). Additionally, H-pts had a higher prevalence of high-risk CHA2DS2VASc score of ≥2 (89.2% vs 84.7%, p=0.006). Among patients with NVAF in both groups, oral anticoagulant agents (OAC) were utilized in 64.8% and 81.2% of the H-pts and A-pts groups, respectively (p<0.001). Novel OAC (NOAC) were the most commonly used OAC in patients with NVAF, accounting for 44.0% and 52.3% of H-pts and A-pts, respectively (p=0.001).

Conclusion The JoFib study demonstrated significant variability among AF patients enrolled at the time of hospitalization compared to those enrolled in an outpatient setting. H-pts were older and had more comorbidities including higher CHA2DS2VASc and HAS-BLED scores. The Utilization of OAC and NOAC was less among H-pts with NVAF compared to the A-pts group. Patients with the mentioned profile need to be identified earlier while outpatient and be given special attention and management to avoid hospitalization and AF complication.

Conflict of Interest None declared.

Abstract 102 Table 1 Table showing funding loss per type of procedure

<table>
<thead>
<tr>
<th>Type of procedure (as per National tariff)</th>
<th>Number of patients</th>
<th>Trust CC score</th>
<th>Proposed CC score (Range)</th>
<th>Total loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implantation of Single-Chamber Pacing with CC Score 0-2</td>
<td>8</td>
<td>0.2</td>
<td>3-5</td>
<td>£2,885</td>
</tr>
<tr>
<td>Implantation of Single-Chamber Pacing with CC Score 3-5</td>
<td>6</td>
<td>0.2</td>
<td>6-8</td>
<td>£4,426</td>
</tr>
<tr>
<td>Implantation of Dual-Chamber Pacing with CC Score 0-2</td>
<td>1</td>
<td>0.2</td>
<td>5-6</td>
<td>£553</td>
</tr>
<tr>
<td>Implantation of Cardioverter Dfibrillator with CC Score 0-4</td>
<td>3</td>
<td>0.2</td>
<td>9-12</td>
<td>£779</td>
</tr>
<tr>
<td>Total Loss</td>
<td>23</td>
<td></td>
<td></td>
<td>£11,753</td>
</tr>
</tbody>
</table>

CC – complexity and comorbidity score
Trust CC score – score calculated by our coding department
Proposed score – score calculated by our clinicians using the GP summary care records (SCR)
the importance of comorbidity coding at induction as well as increasing junior doctor involvement in hospital system designs for an end user insight.

Conclusion Inaccurate complexity and comorbidity scoring can lead to significant under-costing of procedures and loss of funding. Using GP summary care records provides the most comprehensive list of patient comorbidities.

Conflict of Interest none

103 INCIDENCE OF TRICUSPID REGURGITATION IN HIS-BUNDLE PACING

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Objective This systematic review aims to explore an association of new TR and its quantification in patients undergoing his-bundle pacing (HBP).

Methods A literature review was conducted using Mesh terms (His-bundle pacing, tricuspid regurgitation, tricuspid valve incompetence, etc.) in PubMed, EMBASE, Web of science CINAHL, and the Cochrane Library till October 2021. Relevant studies evaluating tricuspid regurgitation in HBP were included and information regarding TR and its related factors (ejection fraction (EF) and New York Heart Association (NYHA) class) were retrieved from the eligible studies.

Results Out of 196 articles, 10 studies met the inclusion criteria that included 546 patients with HBP. The mean age of the patients ranged between 61.2±12.3 to 75.1±7.9 years with 54.1% males. The implant success rate was 79.2%. Only one study reported a 5% incidence of TR while 9 studies reported no new TR after HBP. Two studies reported an average TR grade of at least 1 at baseline and <1 and another study reported improvement from moderate to mild TR grade in 7 patients and decreased TR grade from severe to moderate in 2 patients. Eight studies reported significant improvement in EF after HBP while 5 studies reported improvement in NYHA class.

Conclusion HBP causes improvement in TR grade, EF, and NYHA class after HBP for cardiac resynchronization therapy (CRT) as well as an atrioventricular block (AVB). Further studies in the form of randomized controlled trials are required to further evaluate the effect of HBP on tricuspid valve functioning.

Conflict of Interest None

104 ANALYSIS OF CLINICAL CHARACTERISTICS, GENETIC BASIS, MANAGEMENT AND ARRHYTHMIC OUTCOMES OF PATIENTS WITH CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA FROM A CHINESE CITY

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Introduction Catecholaminergic polymorphic ventricular tachycardia (CPVT) is a rare cardiac ion channelopathy. The aim of this study is to examine the clinical characteristics, genetic basis and arrhythmic outcomes in CPVT patients from the Hong Kong city of China.

Methods This analysis was based on a wider study on ventricular arrhythmias that received approval from the local research ethics committee. Patients diagnosed with CPVT at public hospitals or clinics were included. The primary outcome was spontaneous ventricular tachycardia/ventricular fibrillation (VT/VF).

Results A total of 16 (mean presentation age=11±4 years old) patients were included. All patients presented at or before 19 years of age. Fifteen patients (93.8%) were initially asymptomatic. Ten patients had both premature ventricular complexes (PVCs) and VT/VF, whereas one patient had PVCs without VT/VF. Genetic tests were performed in 14 patients (87.5%). Eight (57.1%) tested positive for the RyR2 gene. Seven